

INVOICES

- INVOICE GUIDELINES "ON-CALL" CONTRACTS
- PRIME CONSULTANT INVOICE (SAMPLE)
- SUB CONSULTANT INVOICE (SAMPLE)
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- TIMESHEET SAMPLE
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- PROMPT PAYMENT GUIDE
- PREAPPROVAL OVERTIME REQUEST

District 8, Consultant Services Unit
Invoice Guidelines "On Call" Contracts

1. Invoice should be on Consultant's letterhead for all pages with page numbers.
2. Consultant's address, phone number, and fax number should be preprinted on the invoices.
3. Identify Contract Number, Task Order Number, Project Number/EA Number, and Billing Period. (See attached sample.)
4. The Billing Period should be within the Contract's Period of Performance.
5. All charges billed should be incurred within the Billing Period.
6. All charges should be classified by Project Number/EA Number, Work Breakdown Structure (WBS) and should match the Cost Proposal.
7. Invoice separately for each task order.
8. Have a unique invoice number that follows a consecutive (sequential) numbering system for each contract.
9. Invoices should be signed by the Consultant's Project Manager, attesting to the invoice accuracy, and approving all costs billed. Sub Consultant's invoices, if included, must be signed by the Sub-consultant's Project Manager and approved by the Prime Consultant's Project Manager. Sub Consultant's invoice format must be the same as the Prime Consultant's invoice format.
10. Include required documentation for reimbursable other direct costs, such as Travel Expense Claims and/or receipts for supplies.
11. Include a breakdown of hours worked and wage rates as listed in the cost proposal for each staff member. (Attach Timesheets.)
12. Invoice hard copies should be submitted by mail in triplicate (original plus two copies and one set of back-up) once a month addressed to the Contract Manager preferably on or before the 10th of the following month.
13. A Contract Summary (as per attached sample) should be submitted together with each invoice.
14. A Project Progress Report (as per attached sample) should be submitted together with each invoice.

Note: The font size of the print should be Arial / 12 Pt.

Attn: (Contract Manager)
 State of California
 Department of Transportation
 District X
 (District Address)

Contract No.:
 Task Order No.:
 Task Order Period of Performance:
 Task Order Amount:
 Invoice No.:
 Invoice Date:
 Billing Period (Begin Date and End Date):
 Consultant Project/Job/Reference No.:

Prime Consultant Costs:**Direct Labor Costs:**

(Attach Time Sheets and Overtime Pre-Approval)

Employee Name	Classification	Regular / OT	Project No.	WBS	Billing Rate	Hours	Labor Cost
A	Project Manager	Regular	08000000043	100	\$220.00	1	\$220.00
SUB-TOTAL				100		1	\$220.00
B	ARE/Construction Inspector	Regular	08000000043	270	\$131.00	80	\$10,480.00
SUB-TOTAL				270		80	\$10,480.00
B	ARE/Construction Inspector	Regular	08000007043	270	\$131.00	72	\$9,432.00
SUB-TOTAL				270		72	\$9,432.00
Total Prime Consultant Direct Labor Cost :						153	\$20,132.00

Other Direct Costs:

(See Notes Below)

Name / In House / Vendor	Description	Invoice / Ref No	Project No.	WBS	Unit Price	No. of Units	ODC
Per Diem	Food & Lodging for Field Crew	Aug-10	08000000043	270			\$256.00
Total Prime Consultant Other Direct Cost:							\$256.00

Notes:

- For Travel Cost, Show Name of Employee, Attach Approved Travel Request Form and Travel Expense Claim Form
- For Vendors, show invoice number and attach receipts / invoices

Total Prime Consultant Cost: \$20,388.00**Sub-Consultant Costs:**

(Attach Detail Sub Consultant Invoices in the same format as this Invoice)

Name of Sub-Consultant	DBE/DVBE/SBE	Invoice No	Project No.	WBS	Hours	Labor + ODC
ABC Consulting	SBE	12345	08000000043	270	60	\$8,000.00
Total Sub Consultant Costs:					60	\$8,000.00

Grand Total (Prime + Subs): **213** **\$28,388.00**

EA Summary (Prime + Subs):

EA No.	Project No.	Hours	Labor	ODC	Labor + ODC
007173	08000000043	141	\$18,200.00	\$756.00	\$18,956.00
4440U3	08000007043	72	\$9,432.00	\$0.00	\$9,432.00
Total:		213	\$27,632.00	\$756.00	\$28,388.00

Approval Signatures:

I the undersigned hereby certify that I have examined the charges contained in this invoice and that they are true and correct to the best of my knowledge.

(Printed Name Here)
 Consultant Project Manager

Date

APPROVED FOR PAYMENT

(Printed Name Here)
 Caltrans Contract Manager

Date

Attn: Prime Consultant's Project Manager
 Prime Consultant's Name
 Address

Contract No.:
 Task Order No.:
 Task Order Period of Performance:
 Task Order Amount:
 Invoice No.:
 Invoice Date:
 Billing Period (Begin Date and End Date) :
 Consultant Project/Job/Reference No.:

Sub-Consultant Costs:**Direct Labor Costs:**

(Attach Time Sheets and Overtime Pre-Approval)

Employee Name	Classification	Regular / OT	Project No.	WBS	Billing Rate	Hours	Labor Cost
Total Sub-Consultant Direct Labor Cost:							

Other Direct Costs:

(See Notes Below)

Name / In House / Vendor	Description	Invoice / Ref. No.	Project No.	WBS	Unit Price	No. of Units	ODC
Total Sub-Consultant Other Direct Cost:							

Notes:

1. For Travel Cost, Show Name of Employee, Attach Approved Travel Request Form and Travel Expense Claim Form
2. For Vendors, show invoice number and attach receipts / invoices

Total Sub-Consultant Cost: **EA Summary:**

EA	Project No.	Hours	Labor	ODC	Labor + ODC
Total:					

Approval Signatures:

I the undersigned hereby certify that I have examined the charges contained in this invoice and that they are true and correct to the best of my knowledge.

(Printed Name Here)
 Sub-Consultant Project Manager

Date

APPROVED FOR PAYMENT

(Printed Name Here)
 Prime Consultant Project Manager

Date

CONTRACT SUMMARY

Date: 1/1/2002

Contract Number: 08A0XXX
Description of Contract: On Call Construction Inspection
Period of Performance: 1/1/2002 to 1/1/2005
Consultant: XYZ Engineering

Contract Total <u>Amount</u>	Contract Total Billings <u>to Date</u>	Contract Total <u>Remaining</u>
\$ 1,000,000.00	\$ 200,000.00	\$ 800,000.00

	Total Contract <u>Amount</u>	Contract <u>Goal</u>	Percent <u>Usage</u>
DBE	\$ 100,000.00	17%	10%
DVBE			
SBE			

<u>Task Order</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Total Amount</u>	<u>Total Previous Billings</u>	<u>Current Billing</u>	<u>Total Billings to Date</u>	<u>Remaining Amount</u>
1	1/1/2002	1/1/2003	\$ 300,000.00	\$ 40,000.00	\$ 10,000.00	\$ 50,000.00	\$ 250,000.00
2	1/1/2002	1/1/2003	\$ 100,000.00	\$ 38,000.00	\$ 2,000.00	\$ 40,000.00	\$ 60,000.00
3	1/1/2002	1/1/2003	\$ 50,000.00	\$ 10,000.00	\$ 40,000.00	\$ 50,000.00	\$ -
4	1/1/2002	1/1/2003	\$ 100,000.00	\$ 10,000.00	\$ 50,000.00	\$ 60,000.00	\$ 40,000.00
			\$ 550,000.00	\$ 98,000.00	\$ 102,000.00	\$ 200,000.00	\$ 350,000.00

PROJECT PROGRESS REPORT

TO: Chee Ong / CT-08

COPIES TO:

FROM:

DATE: June 30, 2010

CONTRACT NO:

PROJECT NO:

PROJECT:

PROGRESS PERIOD:

Progress has taken place for the reporting period as summarized below. Please request from the author any clarification desired.

PROGRESS DURING THIS PERIOD

Task Order #1 (PN 08-0000-0004-3): Work on this task order continued. We attended constructibility review meeting on 3/5/03. We prepared responses to review comments during the month.

<u>Activity Code</u>	<u>Task Description</u>	<u>Estimated Percent Complete</u>
100	Perform Project Management	60%
185	Perform Base Maps and Plan Sheets	90%
230	Prepare Draft PS&E	35%
255	Circulate, Review, and Prepare Final District Package	0%

Note: Please submit one Project Progress Report per Task Order.

DATE:

I do hereby certify under penalty of perjury:

1) That I pay or supervise payment to the above named employee, on the above referenced contract. All persons employed on said project for the above referenced time period have been paid their full wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said consultant from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person other than permissible deductions.

- 2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete.
- 3) That fringe benefits as listed in the contract: a) Have been or will be paid to the approved plan(s), fund(s), or program(s) for the benefit of listed employee, and b) have been paid directly to the listed employee.

VENDOR ADDRESS

2

DATE _____

INVOICE NUMBER

AMOUNT

DATE RECEIVED _____

CONTRACT/PO NUMBER

3. INVOICE DISPUTE >>>>>>>>>> The invoice is disputed for the following reasons:

☐ GOODS/SERVICES NOT RECIEVED☐ DUPLICATE BILLING☐ NONCOMPLIANCE WITH CONTRACT☐ DAMAGED GOODS

☐ INCORRECT BILLING

☐ OTHER[illegible]

DESCRIPTION	QUANTITY	PRICE	AMOUNT	REASON FOR RETURN

ACTION NEEDED:

☐ MATERIAL TO BE REPLACED

☐ CANCEL RETURNED ITEMS FROM PURCHASE ORDER☐ CORRECTED INVOICE REQUIRED FROM VENDOR☐ VENDOR TO ISSUE CREDIT MEMO

I hereby certify this Returned stock applies to the original Contract/PO referred to above.

REQUESTOR/RECEIVER SIGNATURE

Return to the above is approved

AUTHORIZED SIGNATURE

5. THIS NOTIFICATION IS A FOLLOW-UP TO A PHONE CONVERSATION WITH THE PERSON FROM YOUR COMPANY WHOSE NAME APPEARS BELOW:

|PHONE|

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTIFICATION, CONTACT

|PHONE|

NAME

DATE DISPUTE RESOLVED

RESOLUTION

INITIALS

The Prompt Payment Guide can be found at

<http://onramp.dot.ca.gov/hq/accounting/PromptPayment/index.htm>

Click on Quick Links – Prompt Payment Act

Prompt Payment Guide



Welcome!

Welcome to the Prompt Payment Guide developed by the Division of Accounting (DofA), Office of External Accounts Payable (OEAP) and Office of Travel and Local Assistance Accounts Payable (OTLA).

This guide was developed as a resource for Department of Transportation employees to be able to provide information regarding the California Prompt Payment Act (the Act.) Included in this guide are:

- prompt payment deadlines and penalties
- how to submit a complete payment package
- disputing invoices
- forms
- other payment information.

If you are unable to locate the information you need, please contact your liaison in either OEAP or OTLA.

PRE-APPROVAL OVERTIME REQUEST

Consultant' Name	Contract No.	Task Order No.
Project	PN: EA:	Overtime End Date

The following classifications include employees to be covered by this request.

CLASSIFICATION	EMPLOYEE NAME	NUMBER OF EMPLOYEES	ESTIMATED TOTAL HOURS
TOTALS			

Request authority to order overtime for the following reasons:

Description of work to be performed:

Evidence of work done that will be attached to this Form after completion:

() Sign in/out Logs	() Daily Diaries
() Overtime Logs	() Other:

REQUESTED BY:

Consultant Project Manager Date

APPROVAL RECOMMENDED:

Task Manager /Task Coordinator Date

Contract Manager Date

() **APPROVED**

() **DENIED**